

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	me 920		04-25-01
O.I.P.E. CLASSIFIER	✓	32	5/15
FORMALITY REVIEW	MM	920	06-14-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)..... Canceled A Appeal
 ÷ Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	5/15/01
2	✓	✓	5/15/01
3	✓	✓	5/15/01
4	✓	✓	5/15/01
5	✓	✓	5/15/01
6	✓	✓	5/15/01
7	✓	✓	5/15/01
8	✓	✓	5/15/01
9	✓	✓	5/15/01
10	✓	✓	5/15/01
11	✓	✓	5/15/01
12	✓	✓	5/15/01
13	✓	✓	5/15/01
14	✓	✓	5/15/01
15	✓	✓	5/15/01
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
 staple additional sheet here

(LEFT INSIDE)

C.C.
 06-15-01

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